

Application Data Sheet

Application Information

Application number::

Filing Date::

Application Type::

Regular

Subject Matter::

Utility

Suggested classification::

Suggested Group Art Unit::

Title::

Extracorporeal Organ Conservation

Attorney Docket Number::

06-022

Request for Early Publication?::

No

Request for Non-Publication?::

No

Suggested Drawing Figure::

1

Total Drawing Sheets::

1

Small Entity::

Yes

Petition included?::

No

Applicant Information

Applicant Authority Type::

Inventor

Primary Citizenship Country::

Germany

Status::

Full Capacity

Given Name::

Joachim

Middle Name::

Family Name::

Arzt

Name Suffix::

City of Residence::

Reichenbach

State or Province of Residence::

Country of Residence::

Germany

Street of mailing address::

Plauensche Str. 54

City of mailing address::

Reichenbach

State or Province of mailing address::	
Country of mailing address::	Germany
Postal or Zip Code of mailing address::	08468
Applicant Authority Type::	Inventor
Primary Citizenship Country::	Germany
Status::	Full Capacity
Given Name::	Albrecht
Middle Name::	
Family Name::	Gnuechtel
Name Suffix::	
City of Residence::	Mannheim
State or Province of Residence::	
Country of Residence::	Germany
Street of mailing address::	F3, 4
City of mailing address::	Mannheim
State or Province of mailing address::	
Country of mailing address::	Germany
Postal or Zip Code of mailing address::	68159
Applicant Authority Type::	Inventor
Primary Citizenship Country::	Germany
Status::	Full Capacity
Given Name::	Christine
Middle Name::	
Family Name::	Thiele
Name Suffix::	
City of Residence::	Dresden
State or Province of Residence::	
Country of Residence::	Germany
Street of mailing address::	Wahnsdorfer Str. 6b
City of mailing address::	Dresden

State or Province of mailing address::
Country of mailing address:: **Germany**
Postal or Zip Code of mailing address:: **01129**
Applicant Authority Type:: **Inventor**
Primary Citizenship Country:: **Germany**
Status:: **Full Capacity**
Given Name:: **Michael**
Middle Name::
Family Name:: **Schoen**
Name Suffix::
City of Residence:: **Leipzig**
State or Province of Residence::
Country of Residence:: **Germany**
Street of mailing address:: **Kleiststr. 47**
City of mailing address:: **Leipzig**
State or Province of mailing address::
Country of mailing address:: **Germany**
Postal or Zip Code of mailing address:: **04157**

Correspondence Information

Correspondence Customer Number:: **24124**

Representative Information

Representative Customer Number:: **24124**

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	National Stage Under 35 U.S.C. § 371 of	PCT/DE 2004/001944	September 2, 2004

Foreign Priority Information

Country::	Application number::	Filing Date::	Priority Claimed::
Germany	DE 103 40 488.0	September 3, 2003	Y